

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

SENATE ENROLLED ACT No. 308

AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 12-15-15-2.5, AS AMENDED BY P.L.245-1999, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 2.5. (a) Payment for physician services provided in the emergency department of a hospital licensed under IC 16-21 must be at a rate of one hundred percent (100%) of rates payable under the Medicaid fee structure.

(b) The payment under subsection (a) must be calculated using the same methodology used for all other physicians participating in the Medicaid program.

(c) **For services rendered and documented in an individual's medical record**, physicians must be reimbursed for federally required medical screening exams **that are necessary to determine the presence of an emergency** using the **appropriate** Current Procedural Terminology (CPT) codes 99281, 99282, or 99283 described in the Current Procedural Terminology Manual published annually by the American Medical Association, without authorization by the enrollee's primary medical provider.

(d) Payment for all other physician services provided in an emergency department of a hospital to enrollees in the Medicaid primary care case management program must be at a rate of one hundred percent (100%) of the Medicaid fee structure rates, provided the service is authorized, prospectively or retrospectively, by the



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enrollee's primary medical provider.

(e) This section does not apply to a person enrolled in the Medicaid risk-based managed care program.

~~(f) This section expires July 1, 2001.~~

SECTION 2. IC 12-15-15-2.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 2.6.** (a) **This section applies to physician services provided in the emergency department of a hospital licensed under IC 16-21 to an individual enrolled in the Medicaid risk-based managed care program by a physician who does not have a contract with the enrollee's Medicaid risk-based managed care organization.**

(b) **Payment for physician services described in subsection (a) must be at a rate of one hundred percent (100%) of rates payable under the Medicaid fee structure.**

(c) **The payment under subsection (b) must be calculated using the same methodology used for all other physicians participating in the Medicaid program.**

(d) **For services rendered and documented in an individual's medical record, physicians must be reimbursed for federally required medical screening exams that are necessary to determine the presence of an emergency using the appropriate Current Procedural Terminology (CPT) codes 99281, 99282, or 99283 described in the Current Procedural Terminology Manual published annually by the American Medical Association, without authorization by the enrollee's primary medical provider or managed care organization.**

(e) **Payment for all other physician services described in subsection (a) provided to enrollees in the Medicaid risk-based managed care program must be at a rate of one hundred percent (100%) of the Medicaid fee structure rates, provided the service is authorized, prospectively or retrospectively, by the enrollee's primary medical provider or managed care organization, based on information as documented in the enrollee's medical record.**

(f) **A primary medical provider is not responsible for a payment required under this section.**

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President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Approved: _____

Governor of the State of Indiana

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